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Bib Data Sheet

CONFIRMATION NO. 2039

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|--|---|-------------------------------|---|---|--------------------------------|
| SERIAL NUMBER 09/989,779 | FILING DATE 11/20/2001 RULE | CLASS 455 | GROUP ART UNIT 2681 | ATTORNEY DOCKET NO. 2001-0067 | |
| APPLICANTS Robert Raymond Miller II, Convent Station, NJ; Matthew J. Sherman, Succasunna, NJ; | | | | | |
| ** CONTINUING DATA ***** | | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 12/05/2001 | | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature Initials | | STATE OR COUNTRY NJ | SHEETS DRAWING 1 | TOTAL CLAIMS 21 | INDEPENDENT CLAIMS 4 |
| ADDRESS 26652 | | | | | |
| TITLE Protocol assisted switched diversity of antennas | | | | | |
| FILING FEE RECEIVED 842 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |



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CONFIRMATION NO. 2039

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|---|---|-------------------------------|---|---|--------------------------------|
| SERIAL NUMBER 09/989,779 | FILING OR 371(c) DATE 11/20/2001 RULE | CLASS 455 | GROUP ART UNIT 2686 | ATTORNEY DOCKET NO. 2001-0067 | |
| APPLICANTS Robert Raymond Miller II, Convent Station, NJ; Matthew J. Sherman, Succasunna, NJ; | | | | | |
| ** CONTINUING DATA ***** <i>no BR</i> | | | | | |
| ** FOREIGN APPLICATIONS ***** <i>none BR</i> | | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 12/05/2001 | | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance <i>BR</i> Verified and Acknowledged <i>3/1/03</i> Examiner's Signature Initials | | STATE OR COUNTRY NJ | SHEETS DRAWING 1 | TOTAL CLAIMS 21 | INDEPENDENT CLAIMS 4 |
| ADDRESS S H Dworetsky AT&T Corp One AT&T Way Room 2A 207 Bedminster, NJ 07921 | | | | | |
| TITLE Protocol assisted switched diversity of antennas | | | | | |
| FILING FEE RECEIVED 842 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |